

State of North Carolina
Department of Transportation



**Small Business Enterprise
Contractor's Self Certification**

(5/07)

Send completed form to:

Contractual Services Unit
ATTN: SBE
1509 Mail Service Center
Raleigh, NC 27699-1509

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(Name of Business)

(Owner's Name – First Middle Last)(Title)

(Street address) (City) (State) (Zip)

(Mailing address if different from the Street Address) (City) (State) (Zip)

(Business Telephone)

(Fax Number)

(Cell Phone Number)

(Email Address)

(FEDERAL TAX I.D. NUMBER /)
(SOCIAL SECURITY NUMBER)

A Business with an annual gross income over \$1.5 million (exclusive of materials) is not eligible to participate in the North Carolina Department of Transportation (NCDOT) Small Business Enterprise (SBE) Program.

I hereby certify that the Business listed above meets the criteria for the NCDOT Small Business Enterprise Program. Insurance as required by NCDOT shall be in the name of the Business and certificate of insurance shall be attached to the contract proposal as required. The above Business shall have its own financial resources. Information submitted may be subject to verification by NCDOT. False statements could result in all applicable civil and criminal penalties being imposed, including but not limited to the above firm being barred from doing business with NCDOT.

The Business shall comply with all terms and conditions of any contract awarded. The contract consists of, but is not necessarily limited to the proposal or "bid" submitted, the plans for the project, the specifications for the project and any supplemental agreements entered into.

NOTE - AFFIDAVIT MUST BE NOTARIZED

COUNTY OF _____

I _____, A Notary Public for said County, do hereby certify that
_____ personally appeared before me this day and acknowledged the due execution
of the foregoing instrument. Witness my hand and official seal, this ____ day of _____ 20 ____.

(Owners Signature)

} Seal: _____
(Notary Public)

(Title)

My commission expires _____ 20 ____.

ALL FORMS MUST BE COMPLETED FOR THIS APPLICATION TO BE PROCESSED

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Name of Business _____

Contractor's License No. (if available): _____

Indicate the type of work your firm is interested in bidding on:	<input type="checkbox"/> Asphalt Concrete Plant Mix Paving <input type="checkbox"/> Asphalt surface treatment <input type="checkbox"/> Brick masonry construction <input type="checkbox"/> Building removal and demolition <input type="checkbox"/> Cement treatment base course <input type="checkbox"/> Clearing <input type="checkbox"/> Grubbing <input type="checkbox"/> Concrete barrier <input type="checkbox"/> Concrete curb and gutter etc. <input type="checkbox"/> Concrete Pavement <input type="checkbox"/> Concrete Structure (bridges and box culverts) <input type="checkbox"/> Construction Surveying <input type="checkbox"/> Fence <input type="checkbox"/> Guardrail <input type="checkbox"/> Hauling asphalt <input type="checkbox"/> Hauling Gravel <input type="checkbox"/> Incidental concrete Construction <input type="checkbox"/> Landscape planting	<input type="checkbox"/> Lime Treated Soils <input type="checkbox"/> Milling Asphalt Pavement <input type="checkbox"/> Painting Steel Structure <input type="checkbox"/> Pavement Marking <input type="checkbox"/> Permanent Signing <input type="checkbox"/> Pipe Culverts <input type="checkbox"/> Reinforcing Steel <input type="checkbox"/> Roadway Excavation <input type="checkbox"/> Sanitary Sewer installation <input type="checkbox"/> Seeding and mulching <input type="checkbox"/> Sign lighting systems <input type="checkbox"/> Signal traffic management system <input type="checkbox"/> Silt fence <input type="checkbox"/> Surface drainage <input type="checkbox"/> Vessel construction <input type="checkbox"/> Vessel repair <input type="checkbox"/> Waterline installation <input type="checkbox"/> Work Zone Signing <input type="checkbox"/> _____ <input type="checkbox"/> _____
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The following information is collected for reporting purposes

Please indicate gender of firm owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Please indicate ethnicity of firm owner: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American	Please check all certifications that apply: <input type="checkbox"/> DBE (state _____) <input type="checkbox"/> MBE <input type="checkbox"/> WBE
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Small Business Enterprise Contractor's Self Certification

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Please check the Divisions or Counties in which you are seeking work			
Division	District 1	District 2	District 3
<input type="checkbox"/> One	<input type="checkbox"/> Camden <input type="checkbox"/> Currituck <input type="checkbox"/> Dare <input type="checkbox"/> Gates <input type="checkbox"/> Pasquotank <input type="checkbox"/> Perquimans	<input type="checkbox"/> Bertie <input type="checkbox"/> Hertford <input type="checkbox"/> Northampton	<input type="checkbox"/> Chowan <input type="checkbox"/> Hyde <input type="checkbox"/> Martin <input type="checkbox"/> Tyrrell <input type="checkbox"/> Washington
<input type="checkbox"/> Two	<input type="checkbox"/> Beaufort <input type="checkbox"/> Pitt	<input type="checkbox"/> Carteret <input type="checkbox"/> Craven <input type="checkbox"/> Pamlico	<input type="checkbox"/> Greene <input type="checkbox"/> Jones <input type="checkbox"/> Lenoir
<input type="checkbox"/> Three	<input type="checkbox"/> Onslow <input type="checkbox"/> Pender	<input type="checkbox"/> Duplin <input type="checkbox"/> Sampson	<input type="checkbox"/> Brunswick <input type="checkbox"/> New Hanover
<input type="checkbox"/> Four	<input type="checkbox"/> Edgecombe <input type="checkbox"/> Halifax	<input type="checkbox"/> Nash <input type="checkbox"/> Wilson	<input type="checkbox"/> Johnston <input type="checkbox"/> Wayne
<input type="checkbox"/> Five	<input type="checkbox"/> Wake	<input type="checkbox"/> Durham <input type="checkbox"/> Granville <input type="checkbox"/> Person	<input type="checkbox"/> Franklin <input type="checkbox"/> Vance <input type="checkbox"/> Warren
<input type="checkbox"/> Six	<input type="checkbox"/> Robeson	<input type="checkbox"/> Cumberland <input type="checkbox"/> Harnett	<input type="checkbox"/> Bladen <input type="checkbox"/> Columbus
<input type="checkbox"/> Seven	<input type="checkbox"/> Alamance <input type="checkbox"/> Orange	<input type="checkbox"/> Guilford	<input type="checkbox"/> Caswell <input type="checkbox"/> Rockingham
<input type="checkbox"/> Eight	<input type="checkbox"/> Chatham <input type="checkbox"/> Randolph	<input type="checkbox"/> Hoke <input type="checkbox"/> Lee <input type="checkbox"/> Moore	<input type="checkbox"/> Montgomery <input type="checkbox"/> Richmond <input type="checkbox"/> Scotland
<input type="checkbox"/> Nine	<input type="checkbox"/> Davidson <input type="checkbox"/> Rowan	<input type="checkbox"/> Davie <input type="checkbox"/> Forsyth <input type="checkbox"/> Stokes	
<input type="checkbox"/> Ten	<input type="checkbox"/> Cabarrus <input type="checkbox"/> Stanly	<input type="checkbox"/> Mecklenburg	<input type="checkbox"/> Anson <input type="checkbox"/> Union
<input type="checkbox"/> Eleven	<input type="checkbox"/> Alleghany <input type="checkbox"/> Surry <input type="checkbox"/> Yadkin	<input type="checkbox"/> Avery <input type="checkbox"/> Caldwell <input type="checkbox"/> Watauga	<input type="checkbox"/> Ashe <input type="checkbox"/> Wilkes
<input type="checkbox"/> Twelve	<input type="checkbox"/> Cleveland <input type="checkbox"/> Gaston	<input type="checkbox"/> Alexander <input type="checkbox"/> Iredell	<input type="checkbox"/> Catawba <input type="checkbox"/> Lincoln
<input type="checkbox"/> Thirteen	<input type="checkbox"/> Burke <input type="checkbox"/> McDowell <input type="checkbox"/> Mitchell <input type="checkbox"/> Rutherford	<input type="checkbox"/> Buncombe <input type="checkbox"/> Madison <input type="checkbox"/> Yancey	
<input type="checkbox"/> Fourteen	<input type="checkbox"/> Henderson <input type="checkbox"/> Polk <input type="checkbox"/> Transylvania	<input type="checkbox"/> Haywood <input type="checkbox"/> Jackson <input type="checkbox"/> Swain	<input type="checkbox"/> Cherokee <input type="checkbox"/> Clay <input type="checkbox"/> Graham <input type="checkbox"/> Macon